

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520672

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6	1					
7		1				
8		2				
9		1				
10		1				
11	1					
12		1				
13		2				
14		2				
15		1				
16	1					
17		1				
18		2				
19		2				
20		1				
21		1				
22		1				
23	1					
24		1				
25		1				
26		1				
27		1				
28		1				
29		6				
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48						
49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						